

Norfolk Southern Corporation Environmental Protection 1200 Peachtree Street NE - Box 13 Atlanta, GA 30309 Phone 404-582-4239 gaymeon.gibson@nscorp.com Gaymeon Gibson
Environmental Compliance
Officer
RECEIVED
NOV 1 2 2015
DEQ SWRO
November 9, 2015

Virginia Department of Environmental Quality Attn: David Nishida Water Permits Project Manager Southwest Regional Office 355 –A Deadmore Street, Abingdon, VA 24210

Re:

VPDES Permit No. VA0022012 Complete Application - Norfolk Southern Railway

Company - Andover Yard - Wise County, VA.

Mr. Nishida,

Norfolk Southern Railway Company - Andover Yard - Wise County, VA facility submits the enclosed completed permit application containing EPA application Form 1, Form 2F, and their required attachments.

Contact me if you should have any questions at (404) 582-4239.

Sincerely,

G.V. Gibson

Enclosure

| Form | Anneauad | OME | NIA | 2040-0086 |
|------|----------|-----|-----|-----------|
|      |          |     |     |           |

| FORM U.S. ENVIRONMENTAL PROTECTION AGENCY I. EPA I.D. NUMBER  |  |  |                   |                            |                           |  |  |  |                      |                             |                    |  |
|---|--|--|-------------------|----------------------------|---------------------------|--|--|--|----------------------|-----------------------------|--------------------|--|
| 1   | <b>\$EPA</b>                           | GENERAL INFORMATION  Consolidated Permits Program                  |                   |                            |                           |  | S  | VA0022012  |                      |                             | T/A                | С  |
| GENERAL   |  |  | ore starting.)    | F                          | 2                         |  | 13   | 14   | D<br>15              |                             |                    |  |
|   | LITEMS                                 |  |                   |                            | 11 -                      |  |  | GENERAL INSTRU   |                      | IS                          |                    |  |
|   | NUMBER                                 | , ., .,  |                   |                            |                           |  | desi<br>is in  | preprinted label has been gnated space. Review the inform correct, cross through it and en   | nation of<br>ter the | carefully<br>correct        | ; if an            | ny of it<br>in the   |
| III. FACILITY   | / NAME                                 | PLEASE   | E PLA             | CE LA                      | BEL IN THI                | S SPACE  | is a   | ropriate fill-in area below. Also, if bsent (the area to the left of mation that should appear), plea  | the late             | <i>bel spa</i><br>vide it i | ce lis             | ts the   |
| V. FACILITY   | / MAILING                              |  |                   |                            |                           |  | nee  | area(s) below. If the label is of<br>d not complete Items I, III, V, a<br>t be completed regardless). Con<br>been provided. Refer to the ins | nd VI                | (except<br>all item         | VI-B<br>s if no    | which<br>label   |
| VI. FACILITY  | LOCATION                               |  |                   |                            |                           |  | des  | criptions and for the legal author is collected.   | rization             | s unde                      | r whic             | h this   |
| II. POLLUTANT   | CHARACTERIS                            | TICS   |                   |                            |                           | 15 (a) 15 (b) 3 (d) 16 (b)   |  |  |                      |                             |                    |  |
| submit this for<br>you answer "no   | m and the supple<br>o" to each questio | mental form listed in the pare                                     | nthesi<br>f these | s follo<br>e form<br>bold- | wing the qu<br>s. You may | y permit application forms to t<br>estion. Mark "X" in the box in<br>answer "no" if your activity is e<br>s. | the th   | nird column if the supplemer   | ntal for             | rm is a                     | ttach<br>on C d    | ed. If   |
|   | SPECIFIC QU                            | IESTIONS   | YES               | NO                         | FORM<br>ATTACHED          | SPECIFIC   | : QUE  | STIONS   | YES                  | NO                          | FC                 | DRM<br>ACHED   |
|   | y a publicly owr                       | ned treatment works which<br>ers of the U.S.? (FORM 2A)            |                   | ×                          | ATTACHED                  | B. Does or will this facility include a concentrated   | / (eit   |  |                      | ×                           | ALIA               | ICHED  |
|   |  |  | 16                | 17                         | 18                        | discharge to waters of th  |  |  | 19                   | 20                          |                    | 21   |
|   | he U.S. other tha                      | tly results in <b>discharges</b> to<br>n those described in A or B | X                 |                            | 24                        | D. Is this a proposed facility<br>or B above) which will res<br>the U.S.? (FORM 2D)                          |  | r than those described in A<br>a discharge to waters of  | 25                   | X                           |                    | 27   |
| E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)  |  |  | 22                | × 23                       | 24                        | municipal effluent bel   | Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore,          |  |                      | 26<br>X                     |                    | 21   |
| -   |  |  | 28                | 29                         | 30                        | underground sources of d   | _  |  | 31                   | 32                          |                    | 33   |
| G. Do you or will you inject at this facility any produced water<br>or other fluids which are brought to the surface in<br>connection with conventional oil or natural gas production,<br>inject fluids used for enhanced recovery of oil or natural<br>gas, or inject fluids for storage of liquid hydrocarbons? |  |  |                   | ×                          |                           | processes such as mining<br>solution mining of minera  | u inject at this facility fluids for special<br>s mining of sulfur by the Frasch process,<br>f minerals, in situ combustion of fossil<br>f geothermal energy? (FORM 4) |  |                      | ×                           |                    |  |
| (FORM 4)  I. Is this facility   | v a proposed stat                      | ionary source which is one   | 34                | 35                         | 36                        | J. Is this facility a propose  | ed et  | ationary source which is   | 37                   | 38                          |                    | 39   |
| of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect  |  |  |                   | X                          | 42                        | NOT one of the 28 ind<br>instructions and which w<br>year of any air pollutant re                            | dustria<br>rill po<br>egula  | al categories listed in the<br>tentially emit 250 tons per<br>ted under the Clean Air Act<br>d in an attainment area?                        | 43                   | X                           |                    | 45   |
| or be located   | d in an attainment                     | area? (FORM 5)   | 40                | -"                         |                           | (FORM 5)   | Cale   | i iii aii attainment area?   | -~                   |                             |                    |  |
| III. NAME OF  | N. St. Byll (Spingle Sty               | THE REAL PROPERTY.   |                   |                            |                           | EXPERIENCE SAME SAME   |  |  |                      | X SA                        |                    | \$4.5k   |
| 1 SKIP NO   | orfolk Sou                             |  | Comp              | any                        | - And                     |  | 1  |  | 69                   |                             |                    |  |
| IV. FACILITY  | CONTACT                                |  | P. T.             |                            |                           |  |  |  |                      |                             |                    | STEE.  |
|   |  | A. NAME & TITLE (last  | , first,          | & title,                   | )                         |  | Е  | . PHONE (area code & no.)  |                      | A 5.                        |                    |  |
|   | ter, Troy                              | , Reg. Manager   | l l<br>Env:       | l l<br>iron                | nmental                   |  | (40  | <u> </u>   | 1                    |                             |                    |  |
| V FACILTY MA  | ILING ADDRESS                          | Carrier Transcript   |                   | W.F                        |                           | 45   | 46   | 48 49 51 52- 5   | 55                   | Sec. No.                    |                    | <b>34%</b>   |
| c   |  | A. STREET OR P.  |                   | $\neg$                     |                           |  |  |  |                      |                             |                    | 2000<br>1000<br>1000<br>1000<br>1000<br>1000<br>1000<br>1000 |
| 3 209 Sh  | enandoan <i>i</i>                      | Avenue, N.E., Bo   |                   | L 3                        |                           | 45   |  |  |                      |                             |                    |  |
| c   | e                                      | B. CITY OR TOWN  | T                 | П                          | 111                       | C. STATE VA 2  | D. Z<br>401  | P CODE<br>1 1  |                      |                             |                    |  |
| 15 16   | 7                                      |  |                   |                            |                           | 40 41 42 47  |  | 51   |                      |                             |                    | e bj   |
| VI. FACILITY  |  |  |                   |                            |                           |  |  | r og skrifter i reger skrigerer stille   |                      |                             |                    | SE SE  |
| 3   | A.STR                                  | EET, ROUTE NO. OR OTHE<br>   | RSPE              | CIFIC                      | IDENTIFIE                 |  |  |  |                      |                             |                    |  |
| 15 16   |  | B. COUNTY  | / NAM             | E                          |                           | 45   | -  |  | e whi                | <u> </u>                    | a raidi<br>Militar |  |
| Wise 46   |  |  | I                 | T                          | 7 1                       |  | 70   |  |                      |                             |                    |  |
|   | chia                                   | C. CITY OR TOWN  |                   | П                          | 111                       |  | E. ZI  | P CODE F. COUNTY CO  | DDE (                | if know                     | n)                 |  |
| 6 Appalachia  |  |  |                   |                            |                           |  |  | -54  |                      | 5                           |                    |  |

| CONTINUED FROM THE FRONT  |  |
|---|--|
| VII. SIC CODES (4-digit, in order of priority)  A. FIRST                                | P SECOND   |
|   | B. SECOND  (specify)   |
| 7 4011 (specify) Railroad, Line Haul Operatin   | 9  7   (1900)  |
| 15 16 - 19  | 15 16 - 19   |
| C. THIRD  | D. FOURTH  |
| 7 (specify)   | c           (specify)  |
| 15 16 - 19  | 15 16 - 19   |
| VIII. OPERATOR INFORMATION  |  |
| A. NAME   | B. Is the name listed in Item  VIII-A also the owner?  |
| 8 Norfolk Southern Railway Company  |  |
| 15 16   | 55 66  |
| C. STATUS OF OPERATOR (Enter the appropriate letter into t                              | he answer box: if "Other," specify.)  D. PHONE (area code & no.)   |
| F = FEDERAL   | (specify)  |
| M = PUBLIC (other than federal or state)  | A (404) 582-4239   |
| P = PRIVATE  O = OTHER (specify)  | 15 6 - 18 19 - 21 22 - 26  |
| E. STREET OR P.O. BOX   |  |
|   |  |
| 1200 Peachtree Street, N.E., Box 13   | - ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '  |
| 26  | 55   |
| F. CITY OR TOWN   | G. STATE   H. ZIP CODE   IX. INDIAN LAND   |
|   | Is the facility located on Indian lands?   |
| B Atlanta   | GA   30309   |
| 15 16   | 40 41 42 47 - 51   |
| X. EXISTING ENVIRONMENTAL PERMITS   |  |
|   | Emissions from Proposed Sources)   |
| C   T   |  |
| 3 14  |  |
| 15   16   17   18 30   15   16   17   18 B. UIC (Underground Injection of Fluids)       | 30  <br>E. OTHER (specify)   |
|   | (specify)  |
| 9 U   | (apecty))  |
| 15 16 17 18 30 15 16 17 18  | 30   |
| C. RCRA (Hazardous Wastes)  | E. OTHER (specify)   |
|   |  |
| 9 R 9   |  |
| 15   16   17   18 30   15   16   17   18 XI, MAP  | 30   |
|   | ne mile beyond property boundaries. The map must show the outline of the facility, the   |
|   | h of its hazardous waste treatment, storage, or disposal facilities, and each well where it  |
| injects fluids underground. Include all springs, rivers, and other surface water bodie  |  |
| XII. NATURE OF BUSINESS (provide a brief description)                                   | Constitution of the contract with the contract of the contract |
| Activities conducted at the facility include the minor                                  | repair and lubrications of rail equipment and  |
| direct-to-locomotive fueling.   |  |
|   |  |
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| XIII. CERTIFICATION (see instructions)  | 是一种的特殊的。<br>1957年,1967年,1967年,1967年,1967年,1967年,1967年,1967年,1967年,1967年,1967年,1967年,1967年,1967年,1967年,1967年,1967年,1967年,1  |
|   | the information submitted in this application and all attachments and that, based on my  |
|   | ntained in the application, I believe that the information is true, accurate, and complete. I  |
| am aware that there are significant penalties for submitting false information, include |  |
| A. NAME & OFFICIAL TITLE (type or print)  D.F. Julian, Vice President Safety            |  |
| and Environmental   | mf 11/09/2015  |
| and Environmental   | 77   |
| COMMENTS FOR OFFICIAL USE ONLY  | and the second s |
| C C C C C C C C C C C C C C C C C C C   |  |
|   |  |
|   |  |

Please print or type in the unshaded areas only.

Form Approved. OMB No. 2040-0086 Approval expires 5-31-92

2F SEPA

U.S. Environmental Protection Agency Washington, DC 20460

# Application for Permit to Discharge Storm Water Discharges Associated with Industrial Activity

#### **Paperwork Reduction Act Notice**

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

| I. Outfall Location       |                |                |                   |               |              |              |  |
|---------------------------|----------------|----------------|-------------------|---------------|--------------|--------------|--|
| For each outfall, list th | ne latitude ar | nd longitude o | f its location to | the nearest 1 | 5 seconds a  | and the name | e of the receiving water.                      |
| A. Outfall Number (list)  |                | B. Latitude    |                   | С             | . Longitude  |              | D. Receiving Water (name)                      |
| 001                       | 36             | 55             | 2                 | -82           | 47           | 29           | Callahan Creek                                 |
|                           |                |                |                   |               |              |              |  |
|                           |                |                |                   |               |              |              |  |
|                           |                |                |                   |               |              |              |  |
|                           |                |                |                   |               |              |              |  |
|                           |                |                |                   |               |              |              |  |
|                           |                |                |                   |               |              |              |  |
|                           |                |                |                   |               |              |              |  |
|                           |                |                |                   |               | and the same |              |  |
|                           |                |                |                   |               |              |              |  |
| II. Improvements          |                | ·              |                   |               |              |              | <b>数3.000000000000000000000000000000000000</b> |

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

| 1      | 2. Affected Outfalls |  | 4. Final<br>Compliance Date |                              |  |
|--------|----------------------|--|-----------------------------|------------------------------|--|
| number | source of discharge  | Brief Description of Project                     | a. req.                     | b. proj.                     |  |
|        |                      |  |                             |                              |  |
|        |                      |  |                             |                              |  |
|        |                      |  |                             |                              |  |
|        |                      |  |                             |                              |  |
|        |                      |  |                             |                              |  |
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|        |                      |  |                             |                              |  |
|        |                      |  |                             |                              |  |
|        |                      |  |                             |                              |  |
|        |                      |  |                             |                              |  |
|        |                      |  |                             |                              |  |
|        |                      |  |                             |                              |  |
|        |                      |  |                             |                              |  |
|        |                      |  |                             |                              |  |
|        |                      | 2. Affected Outfalls  number source of discharge |                             | 2. Affected Odulalis Complia |  |

B: You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

### III. Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfalls(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage of disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which received storm water discharges from the facility.

| Continued for                       | om the Front   |  |                      |  |                  |                                    |  |  |  |
|-------------------------------------|--|--|----------------------|--|------------------|------------------------------------|--|--|--|
|                                     | tive Description of Pollutant S  |  |                      |  |                  |                                    |  |  |  |
|                                     | ch outfall, provide an estimate of the area (incl<br>d by the outfall.                   | ude units) of imperious surface        | es (including pa     | ved areas and building roofs) drained to the outfall   | I, and an estima | te of the total surface area       |  |  |  |
| Outfall<br>Number                   | Area of Impervious Surface (provide units)   | Total Area Drained (provide units)     | Outfall<br>Number    | Area of Impervious Surface (provide units)   |                  | Total Area Drained (provide units) |  |  |  |
| 001                                 |  |  |                      |  |                  |                                    |  |  |  |
| to stor                             | m water; method of treatment, storage, water runoff; materials loading and acce          | or disposal; past and pre              | sent material        | hree years have been treated, stored or dis<br>s management practices employed to minir<br>d frequency in which pesticides, herbicides | mize contact l   | by these materials with            |  |  |  |
| wastewate<br>Water Pol<br>and pollu | er treatment system is used to<br>lution Prevention Plan (SWPPP)<br>ution reduction.     | treat storm water in is used to assist | runoff beforersonnel | (ASTs). ASTs are equipped with sore it leaves the Facility. The in understanding the importance  | facility-s       | specific Storm<br>vater management |  |  |  |
| descr                               |  | eceives, including the sch             |                      | onstructural control measures to reduce po<br>ne of maintenance for control and treatment  |                  |                                    |  |  |  |
| Outfall<br>Number                   |  | Т                                      | reatment             |  |                  | List Codes from<br>Table 2F-1      |  |  |  |
| 001                                 | Structural: Wastewater treat<br>berms, swales, ditches, and                              |  |                      | emoval and oil/water separation; ct storm water runoff.  | dikes            | 1-M, 1-U<br>4-A                    |  |  |  |
|                                     | Non-Structural: SWPPP; per:  | sonnel training, goo                   | od houseke           | eping; routine inspections.  |                  |                                    |  |  |  |
| V. Nonst                            | ormwater Discharges  |  |                      | <b>电影形态。这种问题是否是</b>  | 建二基础             |                                    |  |  |  |
|                                     |  |  |                      | tested or evaluated for the presence of noing Form 2C or From 2E application for the   |                  | discharges, and that al            |  |  |  |
| Name and<br>D.F. Ju                 | ,  | gnature David                          | Zul                  | in   | Date Sig         | ned<br>19/2#15                     |  |  |  |
| B. Provid                           | le a description of the method used, the   | date of any testing, and th            | e onsite drair       | nage points that were directly observed durin  | ng a test.       |                                    |  |  |  |
| After sev<br>was obser              | eral days of dry weather, the<br>ved being discharged from the                           | outfall was visuall outfall.           | y inspecte           | ed by experienced personnel. No  | wastewater       | or process wate:                   |  |  |  |
| VI. Signif                          | icant Leaks or Spills  |  |                      |  |                  |                                    |  |  |  |
|                                     | existing information regarding the histo<br>aate date and location of the spill or leak, |  |                      | c or hazardous pollutants at the facility in<br>eleased.   | the last thre    | e years, including the             |  |  |  |
| None.                               |  |  |                      |  |                  |                                    |  |  |  |
|                                     |  |  |                      |  |                  |                                    |  |  |  |
|                                     |  |  |                      |  |                  |                                    |  |  |  |
|                                     |  |  |                      |  |                  |                                    |  |  |  |
|                                     |  |  |                      |  |                  |                                    |  |  |  |

EPA ID Number (copy from Item 1 of Form 1) VA0022012

| VII. Discharge Information   | 2000年1月2日 - 1914年1月2日 - 1914年1日 - 1 |                    | AND SEPTEMBER              | 地震中华地域的主要是各种政治                                   |  |  |  |  |  |  |
|--|---|--------------------|----------------------------|--|--|--|--|--|--|--|
| A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.  Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.  |   |                    |                            |  |  |  |  |  |  |  |
| E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?   |   |                    |                            |  |  |  |  |  |  |  |
| Yes (list all such pollutants b  | elow)   |                    | No (go to Section IX)      |  |  |  |  |  |  |  |
| VIII Piological Toyloify Tooting   | nato.   |                    |                            |  |  |  |  |  |  |  |
| VIII. Biological Toxicity Testing Do you have any knowledge or reason to   | pelieve that any biological test for acute or chronic to  | xicity h           | as been made on any of you | r discharges or on a receiving water in          |  |  |  |  |  |  |
| relation to your discharge within the last 3   | years?  | Aloity II          |                            | . aloonalyou of on a foodfying water in          |  |  |  |  |  |  |
| Yes (list all such pollutants be   |   |                    | No (go to Section IX)      |  |  |  |  |  |  |  |
|  | ity testing is conducted on Outfall 00:<br>no exceedances of the permitted toxicit  |                    |                            | DES permit. During the last                      |  |  |  |  |  |  |
| IV. Contract Analysis Information  |   |                    |                            |  |  |  |  |  |  |  |
| IX. Contract Analysis Information  | NII performed by a contract laboratory or consulting  | firm?              |                            |  |  |  |  |  |  |  |
|  | and telephone number of, and pollutants   | 1111117            | No (go to Section X)       |  |  |  |  |  |  |  |
| A. Name  | B. Address  |                    | C. Area Code & Phone No.   | D. Pollutants Analyzed                           |  |  |  |  |  |  |
| TestAmerica Savannas   | 5102 LaRoche Avenue<br>Savannah, GA 31404   | (9)                | 12) 354-7858               | TSS<br>Oil & Grease                              |  |  |  |  |  |  |
| EI Concultants, Inc.  P.O. Box 286 Beaver, WV 25813  |   | (3                 | 04) 255-2500               | BOD<br>COD<br>Total Nitrogen<br>Total Phosphorus |  |  |  |  |  |  |
| X. Certification   |   | la pingu<br>Pepaka |                            |  |  |  |  |  |  |  |
| I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |   |                    |                            |  |  |  |  |  |  |  |
| A. Name & Official Title (Type Or Print)  D.F. Julian, Vice President Safety and Environmental (404) 582-5373  |   |                    |                            |  |  |  |  |  |  |  |
| C. Signature D. Date Signed 11/09/2015   |   |                    |                            |  |  |  |  |  |  |  |

EPA Form 3510-2F (1-92)

Page 3 of 3

## VII. Discharge information (Continued from page 3 of Form 2F)

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

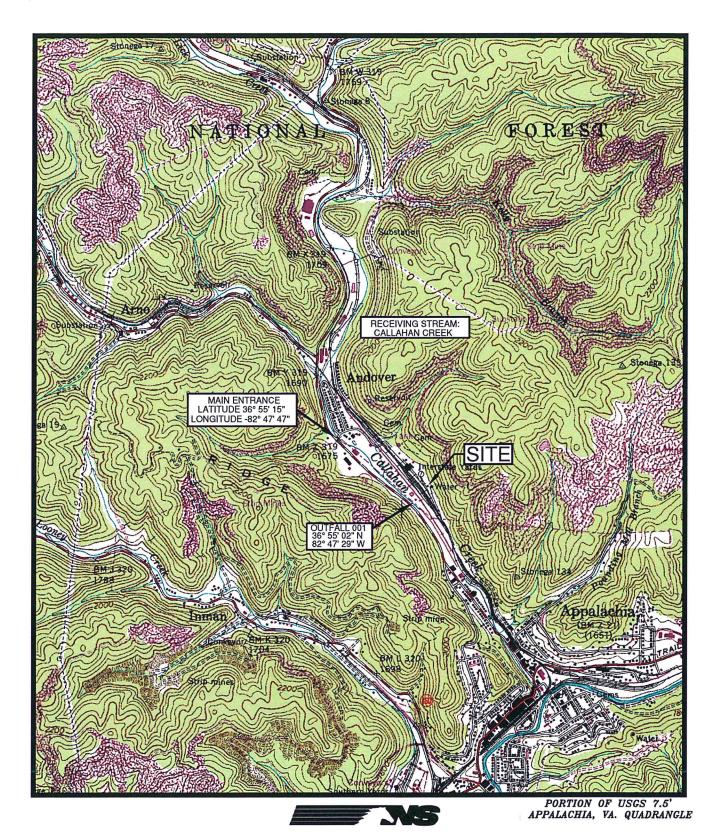
|  |  | um Values<br>ide units)    |  | erage Values<br>clude units) | Number                           |                                    |
|--|--|----------------------------|--|------------------------------|----------------------------------|------------------------------------|
| Pollutant<br>and<br>CAS Number<br>(if available) | Grab Sample<br>Taken During<br>First 20<br>Minutes | Flow-Weighted<br>Composite | Grab Sample<br>Taken During<br>First 20<br>Minutes | Flow-Weighted<br>Composite   | of<br>Storm<br>Events<br>Sampled | Outfall 001  Sources of Pollutants |
| Oil and Grease                                   | < 6.3 mg/L   | N/A                        | < 5 mg/L   | N/A                          | 12                               | Storm water runoff                 |
| Biological Oxygen<br>Demand (BOD5)               | < 2 mg/L   | N/A                        | < 2 mg/L   | N/A                          | 1                                | Storm water runoff                 |
| Chemical Oxygen<br>Demand (COD)                  | 10 mg/L  | N/A                        | 10 mg/L  | N/A                          | 1                                | Storm water runoff                 |
| Total Suspended Solids (TSS)                     | 24 mg/L  | N/A                        | < 6 mg/L   | N/A                          | 12                               | Storm water runoff                 |
| Total Nitrogen                                   | < 0.5 mg/L   | N/A                        | < 0.5 mg/L   | N/A                          | 1                                | Storm water runoff                 |
| Total Phosphorus                                 | < 0.05 mg/L  | N/A                        | < 0.05 mg/L  | N/A                          | 1                                | Storm water runoff                 |
| pН   | Minimum 6.50                                       | Maximum 8.31               | Minimum 6.50                                       | Maximum 8.31                 | 12                               | Storm water runoff                 |

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

|  | Maximum Values<br>(include units)                  |                            | Ave<br>(in   | erage Values<br>sclude units) | Number                           |                                    |
|--|--|----------------------------|--|-------------------------------|----------------------------------|------------------------------------|
| Pollutant<br>and<br>CAS Number<br>(if available) | Grab Sample<br>Taken During<br>First 20<br>Minutes | Flow-Weighted<br>Composite | Grab Sample<br>Taken During<br>First 20<br>Minutes | Flow-Weighted<br>Composite    | of<br>Storm<br>Events<br>Sampled | Outfall 001  Sources of Pollutants |
| pH   | 8.31   | NA Composite               | 7.19   | NA Composite                  | 12                               | Storm water runoff                 |
| TSS  | 24 mg/L  | NA                         | < 6 mg/L   | NA                            | 12                               | Storm water runoff                 |
| Oil & Grease                                     | < 6.3 mg/L   | NA                         | < 5 mg/L   | NA                            | 12                               | Storm water runoff                 |
| TPH  | < 4.9 mg/L   | NA NA                      | < 4.9 mg/L   | NA NA                         | 3                                | Storm water runoff                 |
| Acute W.E.T.                                     | < 1.0 TUa  | NA<br>NA                   | < 1.0 TUa  | NA NA                         | 3                                | Storm water runoff                 |
| Acute W.E.T.                                     | < 1.0 TOA  | NA .                       | < 1.0 TOA  | INA .                         | 3                                | Storm water runorr                 |
|  |  |                            |  |                               |                                  |                                    |
|  |  |                            |  |                               |                                  |                                    |
|  | ļ  |                            |  |                               |                                  |                                    |
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|  |  |                            |  |                               |                                  |                                    |
|  |  |                            |  |                               |                                  |                                    |
|  |  | I                          |  |                               |                                  |                                    |
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|  |  |                            |  |                               |                                  |                                    |
|  |  |                            |  |                               |                                  |                                    |
|  |  |                            |  |                               |                                  |                                    |
|  |  |                            |  |                               |                                  |                                    |
|  |  |                            |  |                               |                                  |                                    |
|  |  |                            |  |                               | -                                |                                    |
|  |  |                            |  |                               |                                  |                                    |
|  |  |                            |  |                               |                                  |                                    |
|  |  |                            |  |                               |                                  |                                    |

## Continued from the Front

| Part C - List each pollutant shown in Table 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall. |   |   |   |  |           |                     |  |  |  |  |
|---|---|---|---|--|-----------|---------------------|--|--|--|--|
|   | Maximum Values Average Values (include units) (include units) |   |   |  | Nur       | mber                |  |  |  |  |
| Pollutant<br>and<br>CAS Number  | Grab Sample<br>Taken During                                   | Flow-Weighted                                 | Grab Sample<br>Taken During<br>First 20 | Flow-Weighted  | Sto       | of<br>corm<br>rents | Outfal   | 1 001  |  |  |
| (if available)  | Minutes   | Composite                                     | Minutes                                 | Composite  |           | npled               | Sou  | urces of Pollutants                                      |  |  |
| Oil & Grease  | < 6.3 mg/L  | NA  | < 5 mg/L                                | NA   | 12        |                     | Storm water r                                      | unoff  |  |  |
|   |   |   |   |  |           |                     |  |  |  |  |
|   |   |   |   |  |           |                     |  |  |  |  |
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|   |   |   |   |  |           |                     |  |  |  |  |
|   |   |   |   |  | -         |                     |  |  |  |  |
|   |   |   |   |  | -         |                     |  |  |  |  |
|   |   |   |   |  |           |                     |  |  |  |  |
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|   |   |   |   |  |           |                     |  |  |  |  |
|   |   |   |   |  | -         |                     |  |  |  |  |
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|   |   |   |   |  |           |                     |  |  |  |  |
| 19.   |   |   |   |  |           |                     |  |  |  |  |
|   |   |   |   |  |           |                     |  |  |  |  |
|   |   |   |   |  |           |                     |  |  |  |  |
|   |   |   |   |  |           |                     |  |  |  |  |
|   |   |   |   |  |           |                     |  |  |  |  |
|   |   |   |   |  |           |                     |  |  |  |  |
|   |   |   |   |  |           |                     |  |  |  |  |
|   |   |   |   |  |           |                     |  |  |  |  |
|   |   |   |   |  |           |                     |  |  |  |  |
|   |   |   |   |  |           |                     |  |  |  |  |
|   |   |   |   |  |           |                     |  |  |  |  |
|   |   |   |   |  |           |                     |  |  |  |  |
| Part D - Pr   | ovide data for the sto  | orm event(s) which resu                       | Ited in the maxim                       | um values for the flow wei   | ighted co | omposite s          | sample.  |  |  |  |
|   |   |   |   | 4.   |           |                     | 5.   | •  |  |  |
| 1.<br>Date of<br>Storm<br>Event   | 2. Duration of Storm Event (in minutes)                       | 3.<br>Total rair<br>during storm<br>(in inche | event                                   | Number of hours between beginning of storm meas and end of previous measurable rain ever | sured     | ra<br>(gallor       | flow rate during in event as/minute or cify units) | 6. Total flow from rain event (gallons or specify units) |  |  |
| NA  |   |   |   |  |           |                     |  |  |  |  |
|   |   |   |   |  |           |                     |  |  |  |  |
|   |   |   |   |  |           |                     |  |  |  |  |
|   |   |   |   |  |           |                     |  |  |  |  |
|   |   |   |   |  |           |                     |  |  |  |  |
| 7 Provide e   | description of the ma   | Iethod of flow measurem                       | ant or antimata                         | <u> </u>   |           |                     |  |  |  |  |
|   |   |   |   | er separator, which  | flows     | contin              | ously and is n                                     | not affected by storm                                    |  |  |
| water disch   |   |   |   |  |           |                     | ,  | • • • • • • • • • • • • • • • • • • •                    |  |  |
|   |   |   |   |  |           |                     |  |  |  |  |





NORFOLK SOUTHERN RAILWAY COMPANY

2,000' 0 2,000'

SCALE 1:24,000

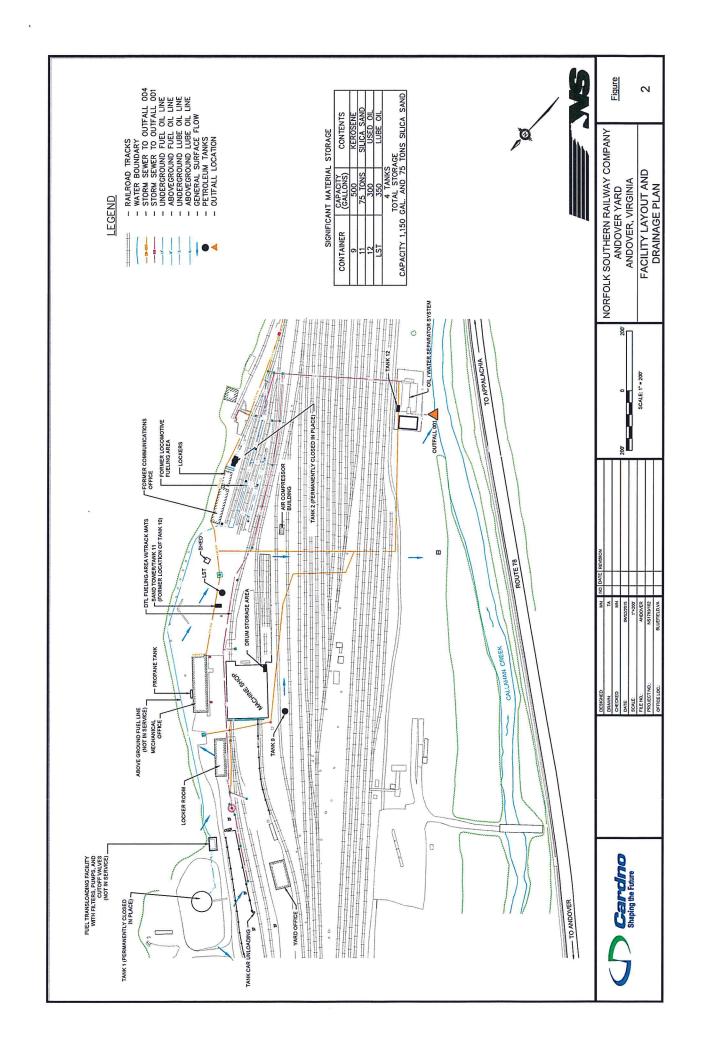
VICINITY MAP

FIGURE 1





11/02/2015 Bluefield, Virginia



## **VPDES Permit Application Addendum**

| 1. | Entity to whom the permit is to be issued: Norfolk Southern Railway Company   |
|----|---|
|    | no will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may t be the facility or property owner.   |
| 2. | Is this facility located within city or town boundaries? Yes Mo   |
| 3. | Provide the tax map parcel number for the land where the discharge is located. Unknown  |
| 4. | For the facility to be covered by this permit, how many acres will be disturbed during the next   |
| fi | ve years due to new construction activities? 0  |
| 5. | What is the design average effluent flow of this facility? 0.01128 MGD  |
|    | For industrial facilities, provide the max. 30-day average production level, include units:   |
|    | NA  |
|    | In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes No No If "Yes", please identify the other flow tiers (in MGD) or production levels:   |
|    | ease consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to pand operations during the next five years? Is your facility's design flow considerably greater than your current flow? |
| 6. | Nature of operations generating wastewater:   |
| N  | Ainor maintenance and lubrication of railroad equipment; direct-to-locomotive fueling   |
|    | 0 % of flow from domestic connections/sources   |
|    | Number of private residences to be served by the treatment works:   |
|    | 100 % of flow from non-domestic connections/sources   |
|    | 100 % of flow from fion-domestic conflections/sources   |
| 7. | Mode of discharge:  |
|    | Describe frequency and duration of intermittent or seasonal discharges:   |
|    | NA  |
| 8. | Identify the characteristics of the receiving stream at the point just above the facility's discharge point:  |
|    | X Permanent stream, never dry   |
|    | Intermittent stream, usually flowing, sometimes dry   |
|    | Ephemeral stream, wet-weather flow, often dry   |
|    | Effluent-dependent stream, usually or always dry without effluent flow  |
|    | Lake or pond at or below the discharge point  |
|    | Other:  |
| 9. | Approval Date(s):   |
|    | O & M Manual N/A Sludge/Solids Management Plan N/A  |
|    | Have there been any changes in your operations or procedures since the above approval dates? Yes \sum No \omega   |

## PUBLIC NOTICE BILLING INFORMATION

| I hereby authorize the Department of Envir | conmental Quality to have the cost of publ | ishing a public  |
|--|--|------------------|
| notice billed to the Agent/Department show | vn below. The public notice will be publi  | shed once a week |
| for two consecutive weeks in _The Coalfiel | ld Progress                                | in accordance    |
| with 9 VAC 25-31-290.C.2.                  |  |                  |
|  |  |                  |
|  |  |                  |
| Agent/Department to be billed:             | Environmental Protection                   |                  |
| Owner:                                     | Norfolk Southern Railway Company           |                  |
| Agent/Department Address:                  | 1200 Peachtree Street, N.E., Box 13        |                  |
|  | Atlanta, GA 30309                          | -                |
|  |  |                  |
| Agent's Telephone No.:                     | (404) 582-4239                             |                  |
| Printed Name:                              | D.F. Julian                                |                  |
| Authorizing Agent – Signature:             | David Julia                                |                  |
|  | 11/19/2015-C                               |                  |

VPDES Permit No. VA0022012 Facility Name: Norfolk Southern Railway Company – Andover Yard

## DEPARTMENT OF ENVIRONMENTAL QUALITY WATER DIVISION PERMIT APPLICATION FEE FORM

## **FEES EFFECTIVE JANUARY 1, 2008**

#### **INSTRUCTIONS**

Applicants for individual Virginia Pollutant Discharge Elimination System (VPDES), Virginia Pollution Abatement (VPA), Virginia Water Protection (VWP), Surface Water Withdrawal (SWW), and Groundwater Withdrawal (GW) permits are required to pay permit application fees, except farming operations engaged in production for market. Fees are also required for registration for coverage under general permits, except for the general permits for Domestic Sewage Discharges of 1,000 GPD or less (VAG40), and for Petroleum Contaminated Sites, Groundwater Remediation, and Hydrostatic Tests (VAG83).

The permit fee schedule is included on the back of this form, and includes fees for permit issuance, reissuance\*, and for permit modification. Except for VWP permits, fees must be paid when applications are submitted. Applicants for VWP permits will be notified by the DEQ of the fee due. Applications will be considered incomplete if the proper fee is not paid and will not be processed until the fee is received.

\* Note: the reissuance fee does not apply to VPDES and VPA permits - see the fee schedule for details.

Once you have determined the fee for the type of application you are submitting, complete this form. The form and your check or money order payable to "Treasurer of Virginia" should be mailed to:

Department of Environmental Quality Receipts Control P.O. Box 1104 Richmond, VA 23218

You should retain a copy of the form and your check for your records. Please direct any questions regarding this form or fee payment to the DEQ Office to which you are submitting your application.

| APPLICANT I | NAME: Norfolk                         | Southern Railwa                    | y Company      |   |             |   |
|-------------|---------------------------------------|------------------------------------|----------------|---|-------------|---|
| ADDRESS:    | : 1200 Peachtree Street, N.E., Box 13 |                                    |                |   |             |   |
| -           | Atlanta, GA 30                        | 309                                |                |   |             |   |
| DAYTIME PH  | ONE: (404)<br>Area Code               | 582 - 4239                         |                | r Identification Nu<br>x Identification Num |             | 53-6002016                              |
| FACILITY/AC | TIVITY NAME:                          | Norfolk Souther                    | n Railway Co   | ompany - Ando                               | ver Yard    |   |
| LOCATION:   | 4300 Fleming                          | Road, Appalachia                   | a, Virginia 24 | 1216  |             |   |
|             | RMIT APPLIED<br>dule - see back of t  |                                    | ndustrial Min  | ior   |             |   |
| TYPE OF ACT | гіон:                                 | New Issuance                       | <b>√</b> Re    | issuance                                    | ☐ Modifi    | cation                                  |
| AMOUNT OF   | FEE SUBMITT                           | ED (from Fee Sched                 | ule): \$ 0.0   | 0   |             |   |
| EXISTING PE | RMIT NUMBEI                           | R (if applicable): VA              | .0022012       |   |             | _                                       |
| DEQ OFFIC   | CE TO WHICH                           | APPLICATION C                      | R REGISTF      | RATION SUBM                                 | ITTED (chec | –<br>k one)                             |
| ✓ Abingdo   |                                       | ☐ Harrisonburg/\<br>☐ Richmond/Hea |                | ☐ Woodbridg<br>☐ Roanoke/B                  |             | ☐ Lynchburg/BRRO-L ☐ Virginia Beach/TRO |
|             | FOR DEQ US                            | E ONLY                             | DC             | #-  |             |   |

## **FEE SCHEDULES**

A. VPDES and VPA Permits. Applications for issuance of new individual VPDES or VPA permits, and for permittee initiated major modifications that occur (and become effective) before the stated permit expiration date. (Flows listed are facility "design" flows. Land application rates listed are facility "design" rates.) [NOTE: VPDES and VPA permittees pay an Annual Permit Maintenance Fee (APMF) instead of a reapplication fee. The permittee is billed separately by DEQ for the APMF.]

| TYPE OF PERMIT   | ISSUANCE | MODIFICATION | LAND APP MOD* |
|--|----------|--------------|---------------|
| VPDES Industrial Major   | \$24,000 | \$12,000     |               |
| VPDES Municipal Major  | \$21,300 | \$10,650     | \$1,000       |
| VPDES Industrial Minor / No Standard Limits  | \$10,200 | \$5,150      |               |
| VPDES Industrial Minor / Standard Limits   |          | \$3,300      |               |
| VPDES Industrial Stormwater  | \$7,200  | \$3,600      |               |
| VPDES Municipal Minor / Greater Than 100,000 GPD   | \$7,500  | \$3,750      | \$1,000       |
| VPDES Municipal Minor / 10,001 GPD - 100,000 GPD   | \$6,000  | \$3,000      | \$1,000       |
| VPDES Municipal Minor / 1,001 GPD - 10,000 GPD   | \$5,400  | \$2,700      | \$1,000       |
| VPDES Municipal Minor / 1,000 GPD or Less  | \$2,000  | \$1,000      |               |
| VPDES Municipal Minor / 1,000 GPD or Less that includes authorization for land application or land disposal of sewage sludge | \$5,000  | \$1,000      | \$1,000       |
| VPA Industrial Wastewater Operation / Land Application of 10 or More Inches Per Year   | \$15,000 | \$7,500      |               |
| VPA Industrial Wastewater Operation / Land Application of Less Than 10 Inches Per Year                                       | \$10,500 | \$5,250      |               |
| VPA Industrial Sludge Operation  | \$7,500  | \$3,750      |               |
| VPA Municipal Wastewater Operation   | \$13,500 | \$6,750      |               |
| VPA Municipal Biosolids Operation  |          | \$1,000      |               |
| VPA Combined Sludge Operation - Mun. Biosolids & Ind. Sludges (except WTP residuals)   |          | \$3,750      |               |
| All other VPA operations not specified above   |          | \$375        |               |

<sup>\*</sup> The fee for modification of a VPDES permit due to changes relating to authorization for land application or land disposal of sewage sludge shall be \$1,000.

**B. Virginia Water Protection (VWP) Permits.** Applications for issuance of new individual, and reissuance or major modification of existing individual VWP permits. Only one permit application fee will be assessed per application; for a permit application involving more than one of the operations described below, the governing fee shall be based upon the primary purpose of the proposed activity. (Withdrawal amounts shown are maximum daily withdrawals.)

| TYPE OF PERMIT   | ISSUANCE/REISSUANCE  | MODIFICATION   |  |
|--|--|--|--|
| WWP Individual / Surface Water Impacts (Wetlands, Streams and/or Open Water)   | \$2,400 plus \$220 for each 4,356 sq. ft.<br>(1/10 acre) (or portion thereof) of<br>incremental impact over 87,120 sq. ft.<br>(two acres) (\$60,000 maximum) | \$1,200 plus \$110 for each 4,356 sq. ft.<br>(1/10 acre) (or portion thereof) of<br>incremental impact over 87,120 sq. ft.<br>(two acres) (\$30,000 maximum) |  |
| VWP Individual/Minimum Instream Flow - Withdrawals equal to or greater than 3,000,000 gallons on any day   | \$25,000   | \$5,000  |  |
| VWP Individual / Minimum Instream Flow - Withdrawals between 2,000,000 and 2,999,999 gallons on any day  | \$20,000   | \$5,000  |  |
| VWP Individual / Minimum Instream Flow - Withdrawals between 1,000,000 and 1,999,999 gallons on any day  | \$15,000   | \$5,000  |  |
| VWP Individual / Minimum Instream Flow - Withdrawals < 1,000,000 gallons on any day that do not otherwise qualify for a general VWP permit for water withdrawals | \$10,000   | \$5,000  |  |
| VWP Individual / Reservoir - Major   | \$35,000   | \$12,500   |  |
| VWP Individual / Reservoir - Minor   | \$25,000   | \$12,500   |  |
| VWP Individual/Nonmetallic Mineral Mining  | \$2,400 plus \$220 for each 4,356 sq. ft.<br>(1/10 acre) (or portion thereof) of<br>incremental impact over 87,120 sq. ft.<br>(two acres) (\$7,500 maximum)  | \$1,200 plus \$110 for each 4,356 sq. ft.<br>(1/10 acre) (or portion thereof) of<br>incremental impact over 87,120 sq. ft.<br>(two acres) (\$3,750 maximum)  |  |

C. Surface Water Withdrawal (SWW) and Groundwater Withdrawal (GW) Permits. Applications for issuance of new individual, and reissuance or major modification of existing individual SWW permits or GW permits.

| TYPE OF PERMIT  | ISSUANCE/REISSUANCE | MODIFICATION |
|---|---------------------|--------------|
| Surface Water Withdrawal  | \$12,000            | \$6,000      |
| Groundwater Withdrawal / Initial Permit for an Existing Withdrawal Based Solely on Historic Withdrawals | \$1,200             | \$600        |
| Groundwater Withdrawal  | \$6,000             | \$3.000      |

- D. Registration Statements (VPDES and VPA permits) or Applications (VWP permits) for General Permit Coverage.
  - 1. Except as specified in 2, 3, and 4 below, the fee for registration for coverage under a general permit is \$600.
  - General VPDES Permit for Domestic Sewage Discharges of Less Than or Equal to 1,000 GPD (VAG40) = \$0.
     General VPDES Permit Regulation for Discharges From Petroleum Contaminated Sites (VAG83) = \$0.
  - 3. VWP General Permit:

TYPE OF PERMIT ISSUANCE

| WP General / Less Than 4,356 sq. ft. (1/10 acre) of Surface Water Impact (Wetlands, Streams and/or Open Water)                                    | \$0   |
|---|---|
| VWP General / 4,356 sq. ft. to 21,780 sq. ft. (1/10 acre to 1/2 acre) of Surface Water Impact (Wetlands, Streams and/or Open Water)               | \$600   |
| VWP General / 21,781 sq. ft. to 43,560 sq. ft. (greater than 1/2 acre to one acre) of Surface Water Impact (Wetlands, Streams and/or Open Water)  | \$1,200   |
| VWP General / 43,561 sq. ft. to 87,120 sq. ft. (greater than one acre to two acres) of Surface Water Impact (Wetlands, Streams and/or Open Water) | \$1,200 plus \$120 for each 4,356 sq. ft. (1/10 acre) (or portion thereof) of incremental impact over 43,560 sq. ft. (one acre) (\$2,400 maximum) |
| VWP General / Minimum Instream Flow / Reservoir - Water withdrawals and/or pond construction  | \$2,400   |

<sup>4.</sup> General VPDES Permit for Industrial Activity Storm Water Discharges (VAR05) = \$500.